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11035 U.S. PTO
09/827470

04/06/01

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-6288
	First Inventor or Application No.	HAMMETT ET AL.
	Title	SYSTEM AND METHOD FOR PROVIDING USE DEFINED MEDIA PRESENTATIONS
	Express Mail Label No.	EL745332965US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>26</u>]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>26</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	ACCOMPANYING APPLICATION PARTS ✓ <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement [Power of Attorney] (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity [Statement filed in prior application, Status still proper and desired] 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:																
16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group Art Unit: _____																	
17. CORRESPONDENCE ADDRESS																	
<input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below																	
<table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>5642</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>PATENT AND TRADEMARK OFFICE</td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City	5642	Zip Code		Country	PATENT AND TRADEMARK OFFICE	Fax	
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Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature		Date	APRIL 6, 2001

Docket No.: A-6288

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: HAMMETT ET AL.
DOCKET NO.: A-6288
TITLE: SYSTEM AND METHOD FOR PROVIDING USER-DEFINED
MEDIA PRESENTATIONS

APRIL 6, 2001

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.


	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 80.00	\$000.00
Total Claims	38	20	18	\$ 18.00	\$324.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$1034.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

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Intellectual Property Dept. MS 4.3.518
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Lawrenceville GA 30044

By:


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Marcia Burdick

Docket No.: A-6288